

John G. Dent - June 28, 2000 - 3:05 pm

3 8

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The Current Rx-to-OTC Switch Process Can Work

The Nicorette Experience

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1

[SLIDE 1]

My name is Doctor John Dent. I am Vice President of Research and Development for SmithKline Beecham Consumer Healthcare.

In calling this hearing, FDA have asked a series of probing questions about the Rx to OTC Switch process. Questions which, to the casual observer, might indicate that serious issues exist with the current process for switching products from prescription to over the counter status.

SB is a leading Consumer Healthcare Company which has been involved in Rx to OTC switching starting in the early 60's.

We are also in a position to give a unique global perspective as we have switched and market medicines throughout the world.

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It is the view of SmithKline Beecham Consumer Healthcare that the existing statutes and regulations, when employed in an open and collaborative manner between FDA and the sponsor company, allow FDA to make a determination as to the safety and effectiveness of a product in the OTC setting and whether or not the product can be properly labeled for use without the supervision of a medical professional.

In employing the existing statutes and regulations, we believe that FDA should consider each application on a case by case basis, using the weight of the scientific evidence to make an informed benefit /risk decision.

There are common issues that need to be addressed in all switches. These are covered for example in both the UK Medicines Act Leaflet (MAL) 77 and the WHO guideline issued earlier this year, and are comparable in principle to US FDA/sponsor switch considerations. However, there are also specific questions that need to be addressed on each individual switch. On balance, we believe that it is unnecessary for FDA to issue a broad switch guidance, especially on an entire class of drugs or an entire therapeutic area. We support the need for a collaborative approach where FDA works with the sponsor company to identify the issues and to work out acceptable ways to address them.

Working together, FDA and industry can answer the public's desire for more opportunity for self-care, while appropriately managing the risk/benefit equation for each proposed switch.

Rx-to-OTC Process Can Work

Nicorette Switch is the Model

- **Difficult issues**
- **Data-driven solutions**
- **Post-approval assurances**
- **Proven public health benefits**
- **Collaboration**

3

One of the best examples of this process in action is the 1996 switch of Nicorette, nicotine polacrilex gum, to OTC status. Nicorette was the first nicotine containing smoking cessation product to obtain OTC status.

The switch of Nicorette represented a significant challenge both for the sponsors, Marion Merrill Dow, together with SmithKline Beecham and for the FDA. I will briefly tell you how we addressed the difficult issues this switch raised, how we developed data driven solutions to these issues. How by providing the agency with post approval assurances we were able to address the issues which could not be prospectively answered by facts and data. How the decision by the FDA to approve the switch of Nicorette, which at the time was a courageous decision, has led to a substantial public health benefit.

I think you will agree that this switch resulted from an effective collaboration between the regulator (the FDA) and the regulated (SmithKline Beecham).

Difficult Issues

- OTC efficacy
- Loss of healthcare professional involvement
- Addictive nature of nicotine
- Potential for misuse and abuse
- Control of access

4

There were many issues that concerned both the agency and us as the sponsoring company. Could nicotine replacement therapy be as effective in the OTC environment as it was as a prescription medicine.

Would the loss of healthcare professionals involvement in the process of smoking cessation reduce the number of people trying assisted quitting or even reduce the effectiveness of the product in those trying it.

Nicotine is classed as an addicting drug. Setting aside the obvious contradiction that the highly addicting form of this drug, cigarettes, was already available in general sale, there were many who questioned whether a medicine containing nicotine could ever be made OTC because of this classification.

Many questioned whether a disease like tobacco dependence, with such a significant behavioral component, could be self-treated, or whether a physician's intervention and counseling were required to achieve effectiveness.

Of great concern was how in an OTC environment could access to this product be controlled so that the product was not used inappropriately, especially by minors.

The answers to these issues resulted from a series of data driven solutions and a set of agreements between SB and the FDA.

Data-Driven Solutions

- **OTC Efficacy Study**
 - Nicorette very safe and users can appropriately self-select
- **“Real World” Quit Rate Study**
 - No difference in efficacy rates Rx vs. OTC

5

The OTC Efficacy Study demonstrated that Nicorette was very safe in helping consumers to quit smoking, and that users were able to correctly understand the label and self-medicate.

The real world quit rate study demonstrated that the quit rates for smokers receiving Nicorette from a physician not participating in a clinical trial were not different than those seen in the OTC trials.

Data-Driven Solutions

- **Consumer Research**
 - Demonstrated limited potential for misuse or abuse
- **Teen Research**
 - Product and approach did not appeal to youth

6

In the Rx to OTC switch process consumer research can be as important as clinical research. In the Nicorette switch it allowed us to identify the target population who were most likely to benefit from the use of nicotine replacement therapy, a group we termed "committed quitter". By targeting advertising preferentially to this group - we were able to maximize efficacy and minimize the potential for misuse and abuse.

Research in teenagers clearly pointed to the fact that Nicorette did not appeal to them as a substitute for smoking, nor as a product of initiation to nicotine dependence.

Post-Approval Assurances

- Free behavioral support program
- Healthcare professional training
- Surveillance of under age use
- Retailer collaboration for age verification
- No trial sizes or sample packs
- Limit sales to settings where other OTC drugs are sold

7

In addition to the extensive pre approval work we did SmithKline Beecham proposed 14 specific post approval actions. These included:

- a free behavioral support program
- training of Doctors and Pharmacists who are major players in the war on smoking and who we and the agency wanted to keep involved in the battle. In the first year more than 100,000 physicians and pharmacists were detailed leading to a four fold increase in healthcare professionals recommendations and 6,000 pharmacists have been through a Pharmacist Continuing education program.
- Surveillance designed to identify and report on sales or use of Nicorette by people less than 18 years of age.
- Age Verification at POS. Retailer training and encouragement for retailer compliance.
- Targeting any advertising to adult smokers in a variety of ethnic audiences.
- No trial sizes or sample packs.
- Targeting distribution to settings where other OTC drugs are sold. Incentives to shelve with OTC and lockable cabinets.
- All measures designed to reduce risk associated with availability of nicotine replacement therapy over the counter demonstrating the ability to go beyond what is normal for an OTC drug.
- The fact that we proposed and the agency accepted these 14 specific post approval actions demonstrate the ability of a sponsor company to work with the agency. Tailoring the marketing and availability of an OTC product make mote the question of a 3rd class of drugs.

Proven Public Health Benefits

**1 million more
people have quit
smoking**

8

Based on the data on the efficacy of nicotine gum and the impact of the increase in access, the bold and difficult decision made by the FDA in 1996 has had a high public health benefit.

It is estimated that since approval of Nicorette approximately one million people have quit smoking who would not otherwise have done so.

The benefits of the switch of nicotine gum were achieved and the risks of the switch were not realized.

Review Switches Case-by-Case

Each Rx-to-OTC switch has its own:

- Difficult issues
- Data-driven solutions
- Post-approval assurances
- Public health benefits

9

So the current Rx to OTC switch process works.

It requires an open, honest dialogue between the agency and the sponsor company.

There is no magic formula that works for all drugs. Each drug must be considered on a case by case basis. Each will have its own difficult issues which can be answered by data driven solutions. Those questions which cannot be answered prospectively can be addressed with post approval agreements or commitments by the sponsor and in the final analysis a public health benefit must occur.

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Rx-to-OTC Process Can Work

Meaningful Collaboration is the Key

10

I hope I have made a compelling case that the system can work.

Using an example that falls outside the usual expectations for an over the counter medicine, I hope you will agree the system does not need a radical overhaul.

Case by Case data driven solutions which derive from a meaningful collaboration between the agency and the sponsor are the key to ensuring effective public health benefits results from switching Rx to OTC.

Thank you for your time and attention.